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COMBINED DECLA APPLICATION WIT	ATTORNEY'S DOCKET PU4969USw			
ATTEICATION WIT	HIOWER	OF ATTORNE	L	First Names Inventor: Joelle L. BURGESS
(x) Declaration submitted with init	ial filing or			Complete if known: App No.:
() Declaration submitted after initi	al filing (curcharge	required 27CED1 16(a))		1
() Decidation submitted after initi	ar ming (surcharge	required 3/CFK1.10(e))		Filing Date
				Group Art Unit:
As below name	ed inventor. I he	reby declare that:		
My residence, post offic	ce address and cit	izenship are as stated bel	ow next to my name.	
			ne is listed below) or an original, aimed and for which a patent is s	
		CHEMICAL COM	1POUNDS	
the specification of which	ch (check only on	e item below):		
[]is attached hereto. OR [x] was filed on 15 Oc	tober 2003 as U	nited States application S	Serial No or PCT	International
Application Number PC applicable)	CT/US03/32625	filed_and was amended o	on (MM/DD/YYYY)	(if
I hereby state that I have as amended by any amen			the above-identified specification	ı, including the claims,
I acknowledge the duty t	to disclose inforn	nation which is material t	o patentability as defined in 37 C	FR §1.56.
I hereby claim foreign priority be inventor's certificate or 365(a) of States of America, listed below ar certificate or of any PCT internati PRIOR FOREIGN AND ANY	any PCT internated have also identional application	ional application which on tified below, by checking thaving a filing date befor	designated at least one country of the box, any foreign application to that of the application on which	her than the United for patent or inventor's
Prior Foreign Application		Country	Foreign Filing Date	PRIORITY
Number (s)			(MM/DD/YYYY))	CLAIMED
1	<u>-</u>			
2. 3. 4.				
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5.		_		
I hereby claim the benefit under T	itle 35 United St	tates Code \$110(a) of any	VI Inited States provisional applic	ration(s) listed below:
Application No.	inc 33, Office S		(MM/DD/YYYY)	anon(s) listed below:
1. 60/418,915			/16/2002	
2.	-			

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4969USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	international filing of	date of this application:				
PRIOF	R U.S. PARENT	APPLICATION o	r PCT PARENT APPLICAT	ION		
				,	STATUS (Check of	one)
U.S.	Parent Application or Number	PCT Parent	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
prosecut	te this application ar		or, I hereby appoint the practitione ness in the Patent and Trademark C 20462			provided below to
Addres	s all corresponder	nce and telephone cr	alls to Customer Number 23?	347	Direct Telephone Cal	ils to:
Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398					MANOWICZ 183-8247	
T Lozaby		Park, NC 27709-3398	·	·		C
belief ar like so r	re believed to be t made are punishat	true; and further that ble by fine or imprise	rein of my own knowledge are to to these statements were made we sonment, or both, under 18 U.S any patent issuing thereon.	vith the knowledge th	hat willful false sta	atements and the
$\overline{}$	FULL NAME	FAMILY NAME	FIRST GIVEN N	NAME	SECOND GIVEN NAME/	INITIAL
2	OF INVENTOR	BURGESS	Joelle		L.	
- 1	INVENTOR'S	Signature			Date:	
,	SIGNATURE	4		1	1	

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BURGESS	Joelle	L.
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia	l PA	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
•		Five Moore Drive, PO Box 13398]
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CALLAHAN		F.
2			John- James	
	INVENTOR'S	Fames J. Callaly		Date: 13 - April - 2004 COUNTRY OF CITIZENSHIP
•	SIGNATURE	crry	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSUID
0	RESIDENCE &	, ,		COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia	PA	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	НАМАЛІМА	Toshihiro	İ
	INVENTOR'S	Signature		Date
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Ibaraki 💮 💮 💮 💮 💮 💮 💮 💮 💮 💮 💮 💮 💮	JP	JP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	IDA	Satoru	
-	INVENTOR'S	Signature		Date:
	SIGNATURE	- 		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
٠	CITIZENSHIP	Keita	NE	JP
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
7	ADDKESS	· ·	Research Friangie Falk	North Caronna 27709, US
	_	Five Moore Drive, PO Box 13398		

CON	MBINED DE	CLARATION FOR UTII	LITY or DESIGN	ATTORNEY'S DOCKET NUMBER PU4969USW
PAT	ENT APPL	ICATION WITH POWER	R OF ATTORNEY Con	
2	FULL NAME OF INVENTOR	FAMILY NAME MORI	FIRST GIVEN NAME Ichiro	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Aichi	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP JP
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	сіту Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME TANG	FIRST GIVEN NAME Jun	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	сіту Ibaraki	STATE OR FOREIGN COUNTRY JP	COUNTRY OF CITIZENSHIP
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
		Five Moore Drive, PO Box 13398		, i

<u>_</u> `						
COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT PU						
APPLICATION WITH POWER	OF ATTORNEY	(First Names Inventor: Joelle L. BURGESS			
		•				
(x) Declaration submitted with initial filing or			Complete if known: App No.:			
() Declaration submitted after initial filing (surcharge	required 37CFR1.16(e))		Filing Date			
•			C - A A III-ia			
		,	Group Art Unit:			
As below named inventor. I he	reby declare that:		ar e			
My residence, post office address and cit	izenship are as stated bel	ow next to my name.				
I believe I am the original, first and sole (if plural names are listed below) of the sentitled:	inventor (if only one nam subject matter which is cla	e is listed below) or an original, fairmed and for which a patent is so	irst and joint inventor bught on the invention			
CHEMICAL COMPOUNDS						
the specification of which (check only one item below):						
[]is attached hereto. OR [x] was filed on 15 October 2003 as U	Inited States application S	Serial No. or PCT	International			
- 7						
Application Number PCT/US03/32625 applicable)	filed_and was amended o	n (MM/DD/YYYY)	(if			
I hereby state that I have reviewed and unas amended by any amendment specifical		the above-identified specification	, including the claims,			
I acknowledge the duty to disclose inform	nation which is material to	o patentability as defined in 37 C	FR §1.56.			
I hereby claim foreign priority benefits under 35 Univentor's certificate or 365(a) of any PCT international application. States of America, listed below and have also identificate or of any PCT international application.	tional application which on tified below, by checking having a filing date before the control of	lesignated at least one country of the box, any foreign application to that of the application on which	her than the United for patent or inventor's			
PRIOR FOREIGN AND ANY PRIORITY CL			DDIODITY			
Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED			
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2.		-				
3. 4.						
5.						
I hereby claim the benefit under Title 35, United S	tates Code §119(e) of an	V United States provisional applic	cation(s) listed below:			
Application No.	,	(MM/DD/YYYY)				
1. 60/418,915		0/16/2002				
2.						

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4969USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION	or PCT PARENT APPLICAT	ION				
			STATUS (Check one)			
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED		
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462						
Address all correspondence and telephone calls to Customer Number 23347				alls to:		
David J. Levy Corporate Intellectual Property GlaxoSmithKline			•	MANOWICZ 483-8247		
Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-339	8					

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	BURGESS	Joelle	L
	INVENTOR'S	Signature		Date:
	SIGNATURE			
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
i	CITIZENSHIP	King of Prussia	PA	US
	POST OFFICE	POST OFFICE ADDRESS	СПУ	STATE & ZIP CODE/COUNTRY
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	CALLAHAN	John	F
	INVENTOR'S	Signature		Date:
į .	SIGNATURE			
0	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	King of Prussia	PA	US
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HAMAJIMA	Toshihiro	
1	INVENTOR'S	Signature Toshihiro Hamajin		Date x April 16. 2004
	SIGNATURE		14	1
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	JP
	CITIZENSHIP	Ibaraki POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
3	ADDRESS		Research Triangle Fack	North Caronna 27709, 03
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	IDA	Satoru	
	INVENTOR'S	Signature		Date:
	SIGNATURE	СПУ	CTATE OF CORPUS COURTS	COUNTRY OF CITIZENSHIP
0	RESIDENCE &	Keita	STATE OR FOREIGN COUNTRY NE	JP
	CITIZENSHIP	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
<u>,</u>	POST OFFICE	GlaxoSmithKline	Research Triangle Park	North Carolina 27709. US
4	ADDRESS		Research Hiangle Park	1101th Carolina 27703, 03
		Five Moore Drive, PO Box 13398		

COMBINED DECLARATION FOR UTILITY or DESIGN ATTORNEY'S DOCKET NUMBER **PU4969USw** PATENT APPLICATION WITH POWER OF ATTORNEY Continued SECOND GIVEN NAME/INITIAL FAMILY NAME FIRST GIVEN NAME **FULL NAME MORI Ichiro** 2 OF INVENTOR **INVENTOR'S** Signature COUNTRY OF CITIZENSHIP **SIGNATURE** STATE OR FOREIGN COUNTRY CITY 0 **RESIDENCE &** JP JP **CITIZENSHIP** Aichi POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY CITY POST OFFICE North Carolina 27709, US GlaxoSmithKline Research Triangle Park 5 ADDRESS Five Moore Drive, PO Box 13398 SECOND GIVEN NAME/INITIAL FULL NAME FAMILY NAME FIRST GIVEN NAME **TANG** Jun 2 OF INVENTOR Signature **INVENTOR'S** lang COUNTRY OF CITIZENSHIP Jun **SIGNATURE** CITY STATE OR FOREIGN COUNTRY 0 **RESIDENCE &** CN CITIZENSHIP Ibaraki JP POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE 6 North Carolina 27709, US GlaxoSmithKline Research Triangle Park **ADDRESS** Five Moore Drive, PO Box 13398

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COMBINED DECLARAT			ATTORNEY'S DOCKET PU4969USw
APPLICATION WITH PO	First Names Inventor: Joelle L. BURGESS		
(x) Declaration submitted with initial filing	g or		Complete if known: App No.:
() Declaration submitted after initial filing	g (surcharge required 37CFR1.16(e))		
			Filing Date
	Group Art Unit:		
As below named inve	entor. I hereby declare that:		
My residence, post office addr	ress and citizenship are as stated bel	ow next to my name.	
	st and sole inventor (if only one name) of the subject matter which is class		
	CHEMICAL COM	1POUNDS	
the specification of which (che	eck only one item below):		
[]is attached hereto.OR[x] was filed on 15 October :	2003 as United States application S	Serial No or PCT	International
Application Number <u>PCT/US</u> applicable)	603/32625_ filed_and was amended of	on (MM/DD/YYYY)	(if
	wed and understand the contents of t specifically referred to above.	the above-identified specification	n, including the claims,
I acknowledge the duty to disc	lose information which is material t	to patentability as defined in 37 C	FR §1.56.
I hereby claim foreign priority benefits inventor's certificate or 365(a) of any PC States of America, listed below and have certificate or of any PCT international a	CT international application which or e also identified below, by checking application having a filing date before	designated at least one country of g the box, any foreign application re that of the application on which	her than the United a for patent or inventor's
PRIOR FOREIGN AND ANY PRIOR			
Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY))	PRIORITY CLAIMED
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5.			
I hereby claim the benefit under Title 35	5. United States Code §119(e) of an	y United States provisional applic	cation(s) listed below:
Application No.		(MM/DD/YYYY)	
1. 60/418,915		0/16/2002	
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ADDRESS

FULL NAME

OF INVENTOR

INVENTOR'S SIGNATURE

RESIDENCE &

CITIZENSHIP

POST OFFICE

ADDRESS

FULL NAME

OF INVENTOR

INVENTOR'S

SIGNATURE

RESIDENCE &

CITIZENSHIP

POST OFFICE

ADDRESS

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

GlaxoSmithKline

FAMILY NAME

Signature

Ibaraki

FAMILY NAME

CITY

IDA

CITY

Signature

Keita

HAMAJIMA

POST OFFICE ADDRESS

GlaxoSmithKline

POST OFFICE ADDRESS

GlaxoSmithKline

Five Moore Drive, PO Box 13398

Five Moore Drive, PO Box 13398

Five Moore Drive, PO Box 13398

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ATTORNEY'S DOCKET NUMBER
PU4969USW

North Carolina 27709, US

SECOND GIVEN NAME/INITIAL

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

SECOND GIVEN NAME/INITIAL

* Peccuber 8,2003

North Carolina 27709, US

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

North Carolina 27709, US

JP

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARI	INT APPLICATION	or PCT PARENT APPLICA	TION		
				STATUS (Check	
U.S. Parent Applicat Num		Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
prosecute this applicat		tor, I hereby appoint the practition iness in the Patent and Trademark r 20462			provided below to
Address all correspo	ondence and telephone	calls to Customer Number 2	<u>3347</u>	Direct Telephone Ca	alls to:
GlaxoSmithl Five Moore I Research Tri	tellectual Property Cline Orive, PO Box 13398 angle Park, NC 27709-3398			919-	MANOWICZ 483-8247
belief are believed to like so made are pur	o be true; and further the ishable by fine or impr	rein of my own knowledge ar at these statements were made isonment, or both, under 18 U any patent issuing thereon.	with the knowledge	that willful false st	atements and the
FULL NAN	ME FAMILY NAME	FIRST GIVE	N NAME	SECOND GIVEN NAME	/INITIAL
2 OF INVENT	OR BURGESS	Joelle		L.	
INVENTOR SIGNATUR				Date:	
0 RESIDENCI		STATE OR F	OREIGN COUNTRY	COUNTRY OF CITIZEN	SHIP
CITIZENSH		PA		US	
POST OFFI 1 ADDRESS	GlaxoSmithKlir	ne Researc	h Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US	
		ve, PO Box 13398			
FULL NAM		FIRST GIVE	N NAME	SECOND GIVEN NAME	/INITIAL
2 OF INVENT		John		F.	
INVENTOR SIGNATUR				Date:	
0 RESIDENCE		STATE OR F	OREIGN COUNTRY	COUNTRY OF CITIZEN	SHIP
CITIZENSH		PA		US	
POST OFFIC	CE POST OFFICE ADDRESS	CITY		STATE & ZIP CODE/CO	UNTRY

Research Triangle Park

STATE OR FOREIGN COUNTRY

Research Triangle Park

STATE OR FOREIGN COUNTRY

Research Triangle Park

FIRST GIVEN NAME

FIRST GIVEN NAME

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NE

CITY

Toshihiro

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CON	1BINED DE	CLARATION FOR UTIL	LITY or DESIGN		ATTORNEY'S DOCKET NUMBER PU4969USW
PAT	ENT APPLI	CATION WITH POWER	OF ATTORNEY Co.	ntinued	
2	FULL NAME OF INVENTOR	FAMILY NAME MORI	FIRST GIVEN NAME Ichiro	SECON	D GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:	
0	RESIDENCE & CITIZENSHIP	CITY Aichi	STATE OR FOREIGN COUNTRY JP	JP	RY OF CITIZENSHIP
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	Сіту Research Triangle Park	North Carolina 27709, US	
2	FULL NAME OF INVENTOR	FAMILY NAME TANG	FIRST GIVEN NAME Jun	SECON	D GIVEN NAME/INITIAL
_	INVENTOR'S SIGNATURE	Signature		Date:	
0	RESIDENCE & CITIZENSHIP	CITY Ibaraki	JP	CN	RY OF CITIZENSHIP
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline	сіту Research Triangle Park		& ZIP CODE/COUNTRY h Carolina 27709, US
	1	Five Moore Drive, PO Box 13398			

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COMBINED DECLA APPLICATION WIT	RATION FOR UTILITY OR DESIGNATION FOR ATTORNEY	ATTORNEY'S DOCKE PU4969USW First Names Inventor: Joelle L. BURGES
(x) Declaration submitted with initi	ial filing or	Complete if known App No.:
	al filing (surcharge required 37CFR1.16(e))	
, ,	are the second process of the second process	Filing Date
		Group Art Unit:
As below name	ed inventor. I hereby declare that:	
My residence, post offic	ee address and citizenship are as stated below next to m	y name.
I believe I am the origina (if plural names are liste entitled:	al, first and sole inventor (if only one name is listed bed below) of the subject matter which is claimed and for	ow) or an original, first and joint inventor which a patent is sought on the invention
	CHEMICAL COMPOUNDS	
the specification of whic	ch (check only one item below):	
[]is attached hereto. OR [x] was filed on 15 Oct	tober 2003 as United States application Serial No	or PCT International
	CT/US03/32625 filed and was amended on (MM/DD/)	
I hereby state that I have as amended by any amen	reviewed and understand the contents of the above-ided	ntified specification, including the claims,
I acknowledge the duty to	o disclose information which is material to patentability	as defined in 37 CFR \$1.56.
hereby claim foreign priority ben nventor's certificate or 365(a) of a states of America, listed below an ertificate or of any PCT internation	nefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any for any PCT international application which designated at a day and the day and the day and the day and the second application having a filing date before that of the a PRIORITY CLAIMS UNDER 35 U.S.C. 119:	oreign applications(s) for patent or east one country other than the United foreign application for patent or inventor
Prior Foreign Application	Country Fo	reign Filing Date PRIORITY
Number (s)	(M	M/DD/YYYY)) CLAIMED
	tle 35, United States Code §119(e) of any United State	s provisional application(s) listed below
tioned y committee benefit and of the		s provisional applications of neigh below.
Application No. 60/418,915	Filing Date (MM/DD/YY	YY)

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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER
PU4969USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION o	r PCT PARENT APPLICAT	ION				
			STATUS (Check one)			
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED		
POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462						
Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398 Direct Telephone Calls to: John LEMANOWIC 919-483-8247				MANOWICZ		
I hereby declare that all statements made her	ein of my own knowledge are	true and that all state	ments made on in	formation and		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	T =====	FAMILY NAME	T ====================================		
I .	FULL NAME		FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
2	OF INVENTOR	BURGESS	Joelle	L.	
	INVENTOR'S	Signatur Jolly Binn	Date: / J / J / J O/ A		
	SIGNATURE	1 your sin/r.	Pate: 4/14/04		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
]	CITIZENSHIP	King of Prussia	PA	US	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
1	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US	
		Five Moore Drive, PO Box 13398	1		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
2	OF INVENTOR	CALLAHAN	John	F.	
1	INVENTOR'S	Signature		Date:	
	SIGNATURE				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
1	CITIZENSHIP	King of Prussia	PA	US	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
2	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US	
		Five Moore Drive, PO Box 13398		•	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
2	OF INVENTOR	НАМАЈІМА	Toshihiro		
l	INVENTOR'S	Signature		Date	
1	SIGNATURE				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	CITIZENSHIP	_Ibaraki	JP	JP	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
3	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US	
_		Five Moore Drive, PO Box 13398			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL	
2	OF INVENTOR	IDA	Satoru		
	INVENTOR'S	Signature		Date:	
	SIGNATURE				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
	CITIZENSHIP	Keita	NE	JP	
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY	
4	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US	
		Five Moore Drive, PO Box 13398		1	
					

CON	ABINED DE	CLARATION FOR UTII	LITY or DESIGN		ATTORNEY'S DOCKET NUMBER PU4969USW	
PAT	ENT APPLI	CATION WITH POWER	R OF ATTORNEY Con	tinued		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND	GIVEN NAME/INITIAL	
2	OF INVENTOR	MORI	Ichiro			
	INVENTOR'S	Signature		Date:		
	SIGNATURE	ĺ				
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	CITIZENSHIP	Aichi	JР	JP		
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY		
5	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US		
		Five Moore Drive, PO Box 13398		l	,	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL		
2	OF INVENTOR	TANG	Jun	}		
	INVENTOR'S	Signature		Date:		
	SIGNATURE					
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	CITIZENSHIP	Ibaraki	JP	CN	N	
6	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE &	STATE & ZIP CODE/COUNTRY	
	ADDRESS	GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US		
		Five Moore Drive, PO Box 13398			*	